	Stateme of Organiz	ation				STATEMENT C AGANIZATION
	Recipient Committee		File original and one Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 9581	n	Date Stamp	CALIFORNIA 410 1998 FORM 410
óus.				mmittees file a copy with: 5 will receive the original		
railed	INSTRUCTIONS ON REVERSE		Type or print in lnk			
	1. Committee Informat	ion		2. Treasurer and Oth	er Principal O	fficers
2	Date qualified as committee		ified	TARIO	DIN	
89/3/8	NAME OF COMMITTEE COMMITTEE TO	ELECT TAJ KITAN FO	R CITY	P. O. F	30x 171	12
	COUNCIL.			MAILING ADDRESS	1. 952	<i>'</i> 41
	ADDRESS OF COMMITTEE NO			CITY	STATE ZIPCO	DE AREA CODE/DAYTIME PHONE
	LODI		EXPHONE NUMBER. 368-5536	NAME AND POSITION OF OTH	ER PRINCIPAL OFFICER	R(S), IF APPLICABLE
	SAN JOAQUIN	COUNTY WHERE COMMITTEE'S ACTIVE COUNTY OF DOMICILE	IF OIFFERENT THAN	MAILING ADDRESS		
	MAILING ADDRESS (IF DIFFERENT)	NO. AND STREET OF P.O. BOX		CITY	STATE ZIPCO	OE AREA CODE/DAYTIME PHONE
	CHY	STATE ZIP CODE AREA CODE	PHONE NUMBER	OPTIONAL: AREA CODEJFAX	NUMBER	OPTIONAL: E-MAIL ADDRESS
	OPTIONAL: AREA CODE/FAX NUM	DEFINITION OPTIONAL;	E-MAIL ADDRESS	Attach additional information	on appropriately labels	ed continuation sheets.
	3. Verification I have used all reasonable	diligence in preparing this statemen	nt and to the best of	my knowledge the informal	ion contained here	ein is true and complete. I certify
	under penalty of perjury un Executed on 8-/4/1	nder the laws of the State of Californ	nia that the foregoing	g is true and correct.		
	Execution of	DATE	Ву	S S	GNATURE OF TREASURER	
	Executed on 8/4/	9 C	Ву	SIGNATURE OF CONTROLLING OFF	ICENOLDED CANDIDATE OF	R STATE HEASING PROPONENT
				- SIGNALONE OF CONTROCCING OFF	CENCEDEN, CANDIDATE, OF	A IN E MENSONE LUOY OFFICE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE <u>INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.</u>

FPPC Form 410 (2/98)

Ref Tacholeel Assistance 1989/32 5550

Executed on __

Executed on _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Dy SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

NO. AND STREET

MAILING ADDRESS:

STATEMEN JF ORGANIZATION

INSTRUCTIONS ON REVERSE Page 2 NAME OF COMMITTEE I.D. NUMBER (IF AMENDMENT) COMMITTEE ELECT TAJ KHAN FOR CITY COUNCIL 4. Type of Committee: Complete the applicable sections. Controlled Committee · List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any. . List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan." . If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. . List the disposition of surplus funds. ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT: TAJ NI. KHAN LIEMBER CITY COUNCIL NON-PARTIS DISPOSITION OF SURPLUS FUNDS: RETURN LOBINS AND DONATE TO NON-PRIFIT OPLANIZATIONS Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT SUPPORT OPPOSE General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: 🔲 CITY Committee COUNTY Committee STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee Provide additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR: NAME OF SPONSOR: CITY STATE ZIP CODE



BILL JONES Secretary of State

1500 11th Street, Room 495 Sacramento, CA 95814 (916) 653-6224 (916) 653-5045 (FAX)

P.O. Box 1467 Sacramento, CA 95812-1467

August 26, 1998

MR TARIQ DIN TREASURER PO BOX 1712 LODI CA 95241

Dear Mr. Din:

REF: Committee to Elect Taj Khan for City Council, ID# 981946

Thank you for filing your Statement of Organization - Recipient Committee (Form 410) received on August 7, 1998. As required by the Political Reform Act of 1974, we have reviewed your statement to determine whether it conforms on its face with the disclosure requirements. This letter is to note the results of our review and to assign your committee identification number.

REVIEW OF STATEMENT OF ORGANIZATION

We have noted the following to assist you in complying with the requirements of the law:

SECTION II, TREASURER AND OTHER PRINCIPAL OFFICERS

The telephone numbers of the treasurer and/or other principal officers were omitted.

ASSIGNMENT OF COMMITTEE IDENTIFICATION NUMBER

Your committee's identification number is 981946. All correspondence and future campaign disclosure statements must include this identification number. Your committee should also advise entities to which you make contributions or expenditures of your identification number.

Please refer to the instructions "How to Amend a Statement of Organization" on the enclosed Form 410. The original and one copy of this statement should be completed, including full name of committee, identification number, and original signature(s), and then returned to this office within 15 days. If you have any questions, please call Nelwin Jackson at (916) 653-2977.

Sincerely,

BOB STEELE, Chief Political Reform Division

Enclosure

Statenien' Organization		981946 STATEMENT OF SANIZATION
Recipient Committee	File original and one copy with: Secretary of State	copy with:
Amendment C) Check box if an Amendment and enter I.D. number;	Political Reform Division P.O. Box 1467 Sacramento, CA 95812-1467 County and City Committees	CELVED -5 ATT: 05
II	disclosure statements Type or print in Ink	
1. Committee Information		2. Treas GA & EGHEL/OY (OF SAND cipal Officers
Date qualified as committee	- Not yel qualified	IARIO, DIN
NAME OF COMMITTEE TO ELECT TAJ	785 KITAN FOLZ CITY	P. O. Box 1712
COUNCIL.		MAILING ADDIESS (15) A CISALI
ADDRESS OF COMMITTEE NO AND STREET (NO P.O. BOX)	ВОХ)	7
CITY CALL STATE ZIP CODE	240 209 365-5536	NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
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MANLING ADDITESS (IF DIFFEHENT) NO. AND STREET OFFO. BOX	пох	CITY STATE ZIP CODE AHEA CODE/DAY TIME PLONE
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OPTIONAL: AREACOUGFAX NUMBER	OPTIONAL: E-MAIL ADDITIESS	Attach additional information on appropriately labeled continuation sheets.
3. Verification Thave used all reasonable diligence in preparing this statement and to the best of my knowledge the intended penalty of perjury under the laws of the State of California that the foregoing is true and correct.	aring this statement and to the bes	Verification Have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on $8/4/96$ Executed on $8/4/96$	^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	SIGNATURE OF THEASURER SIGNATURE OF CANDIDATE OF STATE MEASURE PROPONENT
Executed on DAIE	Βγ	SIGNATURE OF CONTROLLING OFFICEROLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDALE, OR STATE MEASURE PROPONENT

Statemer. of Organization Recipient Committee

STATEMENT L. O	RGANIZATION
CALIFORNIA 1998 FORM	440
1998 FORM	410

INSTRUCTIONS ON REVERSE

Page 2

NAME OF COMMITTEE

COMMITTEE

ELECT TAJ KITAN

FUIZ

CITY COUNCIL

I.D. NUMBER (IF AMENDMENT)

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list, the elective office sought or held, and district number, if any.
- . List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate *non-partisan.*
- . If this committee acts jointly with another controlled committee, list the name and Identification number of the other controlled committee.
- · List the disposition of surplus lunds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT: TAJ M. KHAN	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	1	NON - PARTISA	
DISPOSITION OF SUMPLUS FUNDS:				
RETURN LOWNS AND DENATE TO NOK-PROPRING Primarily formed to support or oppose specific candic				
CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHEC	K ONE	
		SUPPORT	OPPOSE	
		SUPPORT	OPPOSE	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Clephovide BRIEF-DESCRIPTION OF ACTIVITY	hack only one box: CITY Committee COUNTY Committee S	TATE Cor	nmittee	
Sponsored Committee Provide additional sponsors on an attachment.				
NAME OF SPONSOR:	IDUSTRY GROUP OR AFFILIATION OF SPONSOR:			
MAILING ADDRESS: NO. AND STREET CITY	STATE ZIP CODE	•		

CITY of LODI ACTION SLIP							
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Jan Kh	an		TIME 20				
FOR ACTION INDICA	JÉD:						
☐ As Requested	☐ Phoned	□F	or Typing				
☐ Information	☐ Returned Your Call		or Filing				
□ Comment	■ Was In Office	□ F	or Mailing				
□ Approval	□ Will Call Back		Copy/Print Request	ted			
☐ Return	□ Please Contact	□ F	or Your Signature				
☐ Let's Discuss	□ Please Take Care of This		Due	_AM/PM			
PHONE:	·						
Area C	ode Number		Extensi	on			
REMARKS:							
Annut for Tang Din 15:914-1484							

ADM-161

Stateme * of Organization				STATEMENT OF ORGANIZATION
Amendment Check box if an Amendment	File original and c Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812	:	Date Stamp	CALIFORNIA 410 1998 FORM 410 For Official Use Only
and enter I.D. number:	County and City Con Local filing officer who disclosure statements.	imittees file a copy with: will receive the original		
INSTRUCTIONS ON REVERSE	Type or print in ink			
Committee Information		2. Treasurer and Oth	er Principal Officer	S
Date qualified as committee/ Not yet	qualified	IARIO	DIN	
NAME OF COMMITTEE COMMITTEE TO ELECT TAJ KIHAN CUTUNCIL.	FOR CITY	NAME OF TREASURER O . F MAILING ADDRESS	30x 1712	
		Lodi. Ct	1. 95241	(209) 914-1484
ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/DAYTIME PHONE
CITY STATE ZIPCODE AREAC LODI CA 95240 ZCC	CODE/PHONE NUMBER	NAME AND POSITION OF OTH	ER PRINCIPAL OFFICER(S), IF AF	PPLICABLE
SAN JOAQUIN	TIVE IF DIFFERENT THAN	MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. DOX		CITY	STATE ZIP CODE	AREA CODE/DAYTIME PHONE
CITY STATE ZIP CODE AREAC	CODE/PHONE NUMBER	OPTIONAL: AREA CODE/FAX	NUMBER	OPTIONAL: E-MAIL ADDRESS
OPTIONAL: AREA CODE/FAX NUMBER OPTION	IAL: E-MAIL ADDRESS	Attach additional information	on appropriately labeled contin	nuation sheets.
3. Verification I have used all reasonable diligence in preparing this state under penalty of perjury under the laws of the State of Cali Executed on 8/4/18 Executed on OATE		is true and correct.	GNATURE OF TREASURER	
	8y	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT
DATE	•	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT
Executed on	Ву	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONENT
FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PE	NCTICES ACT OF 1977, SEE INFORM	ATION MANUAL ON CAMPAIGN DISCLOS	URE PROVISIONS OF THE POLITICAL R	EFORM ACT

mailed on 9/8/98

FPPC Form 410 (2/9P'

For Technical Assistance: 916/322-5



BILL JONESSecretary of State

1500 11th Street, Room 495 Sacramento, CA 95814 (916) 653-6224 (916) 653-5045 (FAX) POLITICAL REFORM DIVISION P.O. Box 1467

Sacramento, CA 95812-1467

September 28, 1998

MR TARIQ DIN PO BOX 1712 LODI CA 95241

Dear Mr. Din:

FILER: Committee to Elect Taj Khan for City Council, ID# 981946

Thank you for filing the amendment to your Statement of Organization - Recipient Committee (Form 410) received on September 11, 1998. As required by the Political Reform Act of 1974, your statement has been reviewed to determine whether it conforms on its face with the disclosure requirements. This letter is to note the results of our review.

REVIEW OF AMENDED STATEMENT OF ORGANIZATION

We have noted the following to assist you in complying with the requirements of the law:

SECTION 4 - TYPE OF COMMITTEE

Please complete all sections appropriate to your committee activity. At least one section must be completed.

When It was broken the search of the search

Please refer to the instructions "How to Amend a Statement of Organization" on the enclosed Form 410. The original and one copy of this statement should be completed, including full name of committee, identification number, and original signature(s), and then returned to this office within 15 days.

If you have any questions, please call Sandra Nugent at (916) 653-7684.

Sincerely,

BOB STEELE, Chief Political Reform Division

Enclosure

BS:cj

Stateme: of Organization	901.1			STATEMENT OF COGANIZATION
Recipient Committee	File original and or. Secretary of State Political Reform Division	-opy with RECEIVED	Date Stainp	CALIFORNIA 410
Amendment	P.O. Box 1467		DECEMED AND	For Official Use Only
Theck box if an Amendment and enter I.D. number:	Sacramento, CA 95812 County and City Com	nmittees file a copy with:	POLITICAL REFORM OFFICE OF SECRETA	M DANSION PRI CE STATE 40 S
1 981946	Local filing officer who	Alice M. Reinno	he	
INSTRUCTIONS ON REVERSE	Type or print in ink	City Clerk City of Lodi	30 SEP [] P	M 1:30 R-SN
Committee Information		2. Treasurer and Other	Principal Officers	is Of state
Date qualified as committee Not yet	qualified	TARIO	DIN	JF SIAIE
NAME OF COMMITTEE		NAME OF TREASURER	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
COMMITTEE TO ELECT TAJ KHAN	FOR CITY	P.O. 130	x 1112	
CEUNCIL.	<u> </u>	MAILING ADDRESS Lodi, CA.	95241	(704) 914-1484
ADDRESS OF COMMITTEE NO AND STREET (NO PO BOX) 1112 RIVERGATE DR.		CITY	STATE ZIP CODE	AREA CODE/DAYTIME PHONE
	CODEPHONE NUMBER	NAME AND POSITION OF OTHER P	HINCIPAL OFFICER(S), IF AP	PLICABLE
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CITY STATE 21PCODE AREAC	DOBJEHONE NUMBER	OPTIONAL: AREA CUDEJFAX NUME	JEA .	OPTIONAL: E-MAIL ADDRESS
OPTIONAL: AREA CODE/FAX NUMBER OPTION	AL: E-MAIL AUDITESS	Attach additional information on a	ppropriately labeled continu	ualion sheets.
3. Verification I have used all reasonable diligence in preparing this state under penalty of perjury under the laws of the State of Cali Executed on 8/4/18 Executed on 8/4/96		is true and correct.	contained herein is trud	e and complete. I certily
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NOITANINACCO E-MAIL ADDRESS ALIEA CLOBOAYTIME PHONE AREA CODE/DAYTIME PHONE するローロで(近) I have used all reasonable diligence in preparing this statement and to the best of my knowledge the intermentable diligence in preparing this statement and to the best of my knowledge the intermentable and complete. I certify For Official Use Only Ų STATEMENT OF GPTICHAL THE PROPERTY OF STATE MEASURE PROPORTY FIGURA DER COARRONE, ON STATE MEASURE PROPORENT PICITION SHIP CHANNEL CHISTALE MENGUINE PROPORENT Attach additional into, when on apprepriately labeled continuation sheets. ATCENTO AND LAND FOR CHAIR CARDING A CHAIR CA CACAGON 98 SEP 11 PM 1:30 Treasurer and Other Principal Officers STATE NAME AND POSITION OF CHER WINDRAL CHERCENS, IF APPLICABLE TIM NEGOTAL MAILLOWED CONTROLLED TO TOWNS OF THE PROPERTY OF THE SOLD SEED OF THE STATE OF THE S 1250 C 150x 1713 SP CCOE date stamp SIGNATURE OF THEASUREA SIME L. A.C. (Len) County and Olly Committees, Ille a copy with: . ; "M. Khar AMEACL I P. R. J. O. HANGER SIGNATURE OF CONTING SIGNATURE OF COMP SIGNATURE OF CONTIN Local liling officer who will receive the original under penalty of perjury under the laws of the State of California that the foregoing is true and correct. MAILING ADDRESS WAILING ADDRESS 1000 CPTIONAL -: Anthra yac. 15 Sacramento, CA 95812-1467 Political Reform Civision disclosure statements. Type or print in ink Secretary of State COUNTY WHERE COMMITTEE IS ACTIVIENT WITHERINENT THAN COUNTY OF DOMICHE OPTIONAL E-MAIL AUUTESS and tenigned and 26 9 3 66 - 55 26 WIEA CODEPTIONE NUMBER ١- 3 P.O. Box 1467 ć æ. Ę, Not yet qualified ri Ji 大された MANUTEE NO AND STREET MOPO DOXI 04256 MAILING AUDRESS (IF DIFFERENT) NO AND STREET OR PO BOX しない 21P C006 STATOOCE しょういい of Organization # 3 STATE 3 3 8/4/98 1. Committee Information 86/4/8 ANEA COOE FAX NUMBER committee Check box if an Amendment いト Date qualified as committee ... てこかれた へくの and enter 10, number: INSTRUCTIONS ON REVERSE コントニアナイと ADDITIESS OF COMMITTEE いしいといいし 9491946 HAJAE OF COMMITTEE LOUNTY OF COMCLE Verification Amendment Executed on Executed on Exacuted on Executed on 1112 1007 Stateme Recipic OPTIONAL

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arem of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

TIAME OF COMMITTEE

COMMITTEE ELECT TAT KHAN FOR CITY COUNCIL

I.D. NUMBER (IF AMENDMENT)

4.	Тур	e of	Committee:	Complete the	applicable sections	š.
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Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list, the elective office sought or held, and district number, if any.
- . List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- . If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- · List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT HUMBER IF APPLICABL		
TAJ NI. KHAN	LIENBUTE CITY COUNCIL	~0.4	J-PARETIS
RETURN LOWNS AND DENATE TO NOK-172	1817 O12(1)ANTZATIONS		
Primarily Formed Committee Primarily formed to support or oppose specific cand	lidates or measures in a single election. List below:		
CANDIDATE'S NAME OF MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OF LETTER)	CANDIDATE'S OFFICE SOUGHT ON HELD ON MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY ON COUNTY, AS APPLICABLE)	CHEC	K OHE
		าภอากนะ	OPPOSE
		SUPPORT	OPPOSE
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. PROVIDE BRIEF-DESCRIPTION OF ACTIVITY	Check only one box: CITY Committee COUNTY Committee	STATE Con	nmittee
Sponsored Committee			18
NAME OF SPONSOR:	INDUSTRY GROUP OR AFFILIATION OF SPONSON:		
MAILING ADDRESS: NO. AND STREET CITY	STATE ZIP CODE		

Tag M. Kha

FPPC Form 410 (2/98)

For Technical Assistance: 916/322-5560